

# CLIENT REGISTRATION FORM

(LIMITED COMPANY - Part1)

## PERSONAL INFORMATION

Title

Forename

Middle Name

Surname

First Line of Address

Second Line of Address

City

Post Code

Industry Sector you will be working in

Nationality

Date of Birth

Day

Month

Year

National Insurance Number

Current Tax Code

Contact Number

email

## CONTRACT INFORMATION

DO YOU, OR WILL YOU WORK WITH RECRUITMENT AND OR EMPLOYMENT AGENCIES?

Yes

No

If 'Yes' please complete the details below

Agency Name

Contact Name

Contact Number

email

## COMPANY REGISTRATION

Please check online to see if your desired company name is available -

<https://find-and-update.company-information.service.gov.uk/company-name-availability>

Desired Company Name #1

Desired Company Name #2

Desired Company Name #3

Yes

No

HAVE YOU PREVIOUSLY BEEN A DIRECTOR OR SHAREHOLDER OF A COMPANY BEFORE?

If 'Yes', please provide company name

